

**EMERGENCY MEDICAL SERVICES COUNCIL
MINUTES
April 21, 2006
150 North 18th Avenue, Suite 540
Phoenix, AZ**

Members Present

Bentley Bobrow, Chairman
Kay Lewis
Thelma Brandon-Davis
Mark Venuti
Scott Petersen
Kurt Krumpnerman
Roy Ryals
John Gallagher
Jerry Stein
Charlie Smith
Bob Ramsey

Taylor Payson
Paul Coe
Mark Stroh
Stewart Hamilton
Coy Amerson
Janine Anderson
Louis Chaboya
Daniel Spaite
Carol Hobbs
Rich Thacher

Members Absent

Michael Ward
Barbara Ranalli
Marcia Barry
Decker Williams
Michael Hegarty

I. CALL TO ORDER

The Emergency Medical Services Council meeting was called to order at 10:40 a.m. A quorum was present.

A moment of silence was given for Wes Powell and Chuck Kramer.

II. DISCUSSION and ACTION ON OCTOBER 21, 2005 MINUTES

A motion was made by Kay Lewis and seconded by John Gallagher to approve the minutes of October 21, 2005. **Motion carried**

III. REPORTS:

A. Report from the Office of the Director:

1. Discussion and Status of Bureau of Emergency Medical Services, Public Health Preparedness Services, Division of Public Health Services, and Department of Health Services

Niki O'Keeffe, Assistant Director, reported that Susan Gerard, Director has been officially confirmed. It was reported that the Department is receiving questions from the legislature regarding the budget and will continue to be working with the legislature to answer these questions.

B. Report from Acting Bureau Chief

1. Status of New Bureau Chief

Will Humble, Deputy Assistant Director, reported that the Department has been recruiting for the Bureau Chief position. Several resumes were submitted and eight candidates were interviewed. Out of the eight candidates interviewed the Department has selected the final two candidates for the position. The goal of the Department is to make a final decision for the position by the end April.

2. Regional Council Leadership Meeting

It was reported that the Bureau hosted its bi-annual Regional Leadership Conference. The highlight of the meeting was a presentation on the new computer based testing that will take effect on January 1, 2007 for the National Registry.

3. Status of Trauma System Development

Vicki Conditt reported that there are seven level one designated trauma centers and numerous hospitals that have indicated an intent to be designated in the future. The trauma registry is moving forward and is in the final stages, which includes standardizing and converting all of the data. The Bureau anticipates having data by next month.

It was reported that the Bureau solicited proposals for trauma mini-grants in the amount of \$10,000 for facilities who could show they were conducting activities leading to ACS verification or state designation. The Procurement Office will notify the facilities that have been awarded the mini-grant.

The Bureau is working on the draft for the 2006-2010 EMS Trauma System Plan. The Plan will be based on the Federal HRSA Model Trauma Planning and Evaluation document.

4. Announcement of Hospital Overcrowding and Diversion Workgroups

It was reported that the Director has created four workgroups to address the issues with hospital overcrowding and diversion, and to try to create solutions. It was reported that a link has been added to the ADHS website for volunteers to sign up to be part of these workgroups. As of today, 110 individuals have volunteered and the workgroups are well represented and diverse.

C. Chairman's Report

1. EMS Council Membership Update

Dr. Bobrow announced new members appointed and members reappointed to EMS Council.

The new members are:

- Barbara Ranalli- Local EMS Coordinating System- Central Region
- Stewart Hamilton- Hospital Administrator Population Under 500,000
- Carol Hobbs- Lay Member
- Jerry Stein- Lay Member
- Louis Chaboya- Lay Member

The reappointed members are:

- John Gallagher- Emergency Medicine Physician, EMS Central Region
- Daniel Spaite- Emergency Medicine Physician, EMS Southeastern Region
- Taylor Payson- Local EMS Coordinating System- Southeastern Region
- Bob Ramsey- Ambulance Service Corp. Rep.
- Scott Petersen- Trauma Surgery Physician

It was reported that reappointments are in process are Janine Anderson and Mark Venuti.

Kevin Conn has resigned from the category of "Emergency Medicine Physician, EMS Northern Region and there is one vacancy for the "Representative of a Volunteer Medical Rescue Program" category.

IV. ARIZONA DEPARTMENT OF HEALTH SERVICES ITEMS:

A. Update/Discussion on 2005 Statewide EMS and Trauma System Assessment

Vicki Conditt reported that the Assessment had been sent out in mid-December. A delay was caused due to a concern of confidentiality. A new deadline of April 28th has been established to complete and return the assessments. It was reported that the Bureau will be organizing and analyzing the data once all the assessments have been received. The Bureau will report the findings.

B. Update on Combitube

It was reported that Combitube is within the EMT scope of practice. Documents can be found on the Bureau website.

C. Report on EMS Week

It was reported that on May 16, 2006, Channel 12 will be reporting on EMS Week all throughout the day. The Bureau will be hosting a simulator competition on the Capitol Mall, and Will Humble will be interviewed on Horizon during EMS Week.

D. RSI Update

Dr. Bobrow reported that very little data is being submitted to the Bureau on RSI. EMS agencies that are performing RSI are encouraged to report their data to the Bureau.

E. SHARE Program Update

Dr. Bobrow reported that approximately 3.5 million people in the state are covered through the SHARE program and data collection on cardiac arrest. Handouts covering the data collected were distributed to the members along with a map that reflects the EMS agencies enrolled in the SHARE program. Other EMS agencies were encouraged to enroll in the SHARE program.

It was reported that the data that has been collected has been reviewed and abstracts have been submitted to the American Heart Association.

An anonymous web survey has been created and is posted on the SHARE website for EMTs. The survey will help identify how adult cardiac arrest care is approached and where there may be areas for improvement.

V. PROTOCOL, MEDICATIONS AND DEVICES COMMITTEE:

A. Report from Dr. Gallagher

Dr. Gallagher reported that PMD is working on the drug profiles, and the next meeting scheduled for May 11th will be a teleconference.

A question was asked if the committee has reviewed the rescue pod device. It was reported that if a device has FDA approval, and is within the scope of practice, the committee does not need to approve the device.

VI. EDUCATION COMMITTEE:

A. Announcement of Brian Smith as Education Committee Vice Chair

It was announced that Brian Smith was elected as the Vice Chair of the Education Committee.

B. Announcement of Meeting Day Change

It was announced that the Education Committee will no longer meet on Fridays. The meetings will be held on Thursdays to coincide with the PMD meetings.

C. Discussion and Action on Education Committee Recommendations:

1. That the EMT-I(99)-to-EMT-P transition course require 60 hours of Anatomy and Physiology as a prerequisite, up-front, or embedded in the course
2. That the transition course practical skills examination evaluate a student's technical proficiency in the skills identified as psychomotor objectives in the units adopted in R9-25-319(B);
3. That the rules require all examinations to be conducted closed book;
4. That Exhibit C in the EMT-I(99)-to-EMT-P transition course rulemaking require the numbers of patient experiences in clinical and field training that the Education Committee, Rules Committee, and EMS Council recommended in 2000 and 2001;
5. That the ALS refresher continue to be open to EMT-Is and EMT-Ps, with skills documentation specific to certification level maintained;
6. That the rules allow EMT students from separate courses to be combined for didactic instruction; and
7. That the equipment standards for courses in Exhibit A be modified to avoid the use of proprietary names

Kay Lewis requested that item VI.C.5. be discussed separately from the other items.

A motion was made by Kay Lewis and seconded by Charlie Smith to approve agenda items VI.C.1 thru 7 with the exception of number 5.

Motion carried.

Discussion ensued regarding item number 5.

It was reported that the Education Committee believed that no one would offer a separate EMT-I refresher because of the cost involved and the low number of prospective students.

Agenda item VIII.C. EMT-I(99)-to-EMT-P Transition Course Draft Rulemaking was discussed.

Sarah Harpring reported that in November 2005, Education Committee recommended that ADHS adopt an EMT-I(99)-to-EMT-P transition course and work together with a task force. The task force met in January 2006 and a draft was created and submitted to the Education Committee in February 2006. The Education Committee recommended some changes to the draft.

It was reported that the recommendations made by the Education Committee have been incorporated into the draft with the exception of keeping the ALS refresher open to EMT-Is and EMT-Ps, with skills documentation specific to certification level maintained. The draft includes a separate EMT-I(99) refresher course based on the NHTSA curriculum and changes the ALS refresher course to an EMT-P refresher course.

It was reported that some new language was incorporated into the draft that was not reviewed by the Education Committee because the need for it arose after the Education Committee meeting. The new language is highlighted in the draft.

ADHS would like to adopt an EMT-I(99)-to-EMT-P Transition Course, based on the 1998 NHTSA EMT-P curriculum, and requiring:

- 220 contact hours of didactic instruction and practical laboratory
- At least 380 contact hours of clinical and field training

- Completion of a list of prescribed competencies

The new rulemaking would:

- Enable an individual who has completed the transition course to obtain certification as an EMT-P
- Adopt a separate EMT-I refresher and change the current ALS refresher to an EMT-P refresher
- Allow combination of students from multiple courses for didactic instruction
- Require that all written examinations be closed book
- Prohibit cheating and other unethical conduct
- Revise the equipment minimum standards in Exhibit A

It was reported that a Notice of Proposed Rulemaking would be filed in June 2006 to begin the formal rulemaking process. These rules are expected to become effective in January 2007.

EMS Council was asked to review, discuss, and provide a recommendation on the draft rulemaking.

A question was asked what the EMT-I will lose from the changes that ADHS wants to make. The committee was directed to view the attachment for agenda item VII.A. page seven of the second draft to compare the lists.

A question was posed whether the Education Committee is comfortable with having a separate EMT-I refresher course. It was reported that the Bureau did consult the Education Committee for a recommendation and the Education Committee did not recommend separation. The question of having a separate EMT-I refresher was brought to EMS Council because the Bureau is concerned that there needs to be a separation and wanted to get EMS Council's recommendation.

A motion was made by Mark Venuti and seconded by Paul Coe to accept the Education Committee recommendations. Dr. Scott Petersen opposed.

Motion carried

VII. OLD BUSINESS:

A. Update/Review/Discussion/Action on Prehospital Drugs Draft Rulemaking - Revision 4 Drafts of Regular Rulemaking for Articles 1, 2, and 10, and Exempt Rulemaking for Article 5

Sarah Harpring reported that the prehospital drugs rulemaking task force met and considered four different versions of the draft rules. ADHS and the task force were able to reach a consensus on most of the content of the draft rules. The exception was the requirement to maintain each agent within a stable temperature range that ensures the integrity of the agent as provided by the USP/NF or the manufacturer's or distributor's labeling.

It was reported that the Bureau is drafting an economic impact statement to accompany the regular rulemaking and intends to solicit comments on the draft economic impact statement through e-mail and the Bureau website.

This rulemaking is intended to require an EMS provider's administrative medical director to oversee the use and control of prehospital drugs, and require an ALS base hospital pharmacist-in-charge to oversee the control of prehospital drugs if an EMS provider obtains all its drugs from the ALS base hospital.

The rulemaking is also intended to require temperature control of drugs when not in use. The rules would provide a delayed effective date of two years. We are anticipating the rules will take effect in January 2007; therefore the delayed effective date for temperature control would be January 2009.

It was reported that the rulemaking would increase the minimum equipment and supplies for a ground ambulance to require, among other things, that a BLS ambulance carry the minimum supply of drugs required for an EMT Basic. The rule would clarify an EMT's authorization to administer, monitor, and assist in patient self-administration of drugs. In addition, the rule would reduce the scope of practice for an EMT-I(99) to be more consistent with the NHTSA EMT-I(99) curriculum with a two-year grandfather clause for EMT-I(99)s certified before the effective date of the rules. The rules would consolidate all the current drug lists into one table.

A Notice of Proposed Rulemaking will be filed in June, with an effective date of January 6, 2007 for the regular and exempt rulemakings.

EMS Council was asked to review, discuss, and provide ADHS with recommendations on the new draft rulemaking.

Discussion ensued on the temperature control requirement.

It was indicated that the new requirement for drug temperature control would be an obstacle for some EMS providers because of space limitations and limited resources for devices to be purchased to keep drugs within a controlled temperature. It was reported that drug temperature control will be difficult to regulate and will have an economic impact and that insufficient scientific evidence is available to confirm that drugs must be maintained in a controlled temperature setting.

A motion was made by Daniel Spaite and seconded by John Gallagher to amend in the draft rule, R9-25-204(F)(6)(d)(ii) to read "If specified by the Medical Direction Commission and approved by the State EMS Medical Director,...."

It was reported that the Department is not authorized to delegate its decision-making authority to other bodies unless statute specifically provides that authority. This may impact the proposed amendment to the draft rule.

It was suggested that the Department take temperature control out of the rulemaking and allow the rest of the rulemaking to move forward. It was suggested to have further discussions with PMD and MDC as to which drugs on the drug list need to have temperature control and then attempt another rulemaking specific to this requirement.

Will Humble asked the EMS Council to specifically provide a clear direction of what the Council wants to move forward and what needs to be addressed and discussed further.

Dr. Spaite amended his motion to delete R9-25-204(F)(6)(d)(ii) and wherever else this language appears in the document, to allow for further review and discussions, and to recommend that the remainder of the rulemaking move forward. The amended motion was accepted and seconded by John Gallagher.

Motion carried unanimously

VIII. NEW BUSINESS:

A. Review/Approval of EMS Council Bylaws

Vicki Conditt reported that the EMS Council Bylaws need to be reviewed and approved at least every three years.

A motion was made by Charlie Smith and seconded by Mark Venuti to approve the amended EMS Council Bylaws as presented.

Discussion ensued about the clarification made to the quorum language.

It was further discussed that the bylaws require that the EMS Council meet no less than three times per year. Since the January 2006 meeting did not take place, due to the lack of a quorum, the Council will not be abiding by the bylaws this year based on the remainder of the 2006 schedule.

Motion carried

B. Review/Discussion on new Substantive Policy Statements:

1. Approval of Medical Devices
2. Combining Enrollees for Didactic Instruction
3. Continuous Positive Airway Pressure Within EMT-P Scope of Practice
4. Interpretation of "authorized federal or state emergency response deployment" in R9-25-407

Sarah Harpring reported that the Bureau has adopted new Substantive Policy Statements. The Substantive Policy Statements can be viewed on the ADHS website. Copies of these are also included in the member packets.

C. Update/Review/Discussion/Action on EMT-I(99)-to-EMT-P Transition Course Draft Rulemaking-Working Draft 3-30-06 for Articles 3 and 4

Sarah Harpring repeated the information about the draft rulemaking as described under agenda item VI.C.

A motion was made by Kay Lewis and seconded by Charlie Smith to approve the EMT-I(99)-to-EMT-P Transition Course with the exception of R9-25-320, the separate EMT-I refresher.

Motion carried

D. Discussion and Action on Prohibiting a Training Program Director for a Course from:

1. Allowing any instructor for the course to enroll in the course as a student,
2. Issuing a certificate of completion for the course to any instructor for the course,
3. Administering a refresher challenge examination to any instructor for the course,
4. Allowing any instructor for the course to administer a refresher challenge examination to himself or herself, and
5. Issuing a certificate of completion for a refresher challenge examination to any instructor for the course

A motion was made by Kay Lewis and seconded by Bob Ramsey to approve items one thru five under agenda item VIII.D.

Motion carried

E. Discussion and Action on Requiring That All Examinations Be Proctored and Completed On Site at the Training Program

A motion was made by Kay Lewis and seconded by Roy Ryals to require that all examinations be proctored and completed on site at the training program.

Motion carried

F. Discussion and Action on Requiring That All Examinations Be Proctored and Administered by Persons Other Than the Training Program Director and Instructors

A motion was made by Kay Lewis and seconded by Charlie Smith to require that all examinations be proctored and administered by persons other than the training program director and instructors.

Discussion ensued on examinations being proctored.

The motion was amended to require only final examinations to be proctored and administered by persons other than the training program director and instructors.

Motion carried. Janine Anderson abstained.

A motion was made by John Gallagher and seconded by Scott Petersen to amend the motion in agenda item VIII.E. to require that all final examinations be proctored and that all examinations be completed on site at the training program.

Motion carried. Kay Lewis opposed the amended motion.

G. Review/Discussion/Action on EMT-I(85) Clarification and Certification Extension Fee Draft 4/18/06

Sarah Harpring explained that the draft is designed to clarify the status of EMT-I(85)s in Arizona and implement the new language in A.R.S. § 36-2202(G) from SB1354.

A motion was made by Charlie Smith and seconded by Kay Lewis to approve the certification and extension fee draft. It was asked whether, if an application was accepted and the extension fee paid, an EMT could still work during the interim period between the expiration date and paying the fee. The Department stated that the Attorney General's Office would need to be consulted on interpretation of the new statutory language.

A motion was made by Bob Ramsey to table the extension fee provision until the next meeting in order to obtain clarification and to approve the rest of the draft rulemaking; seconded by Roy Ryals, accepted by Charlie Smith and Kay Lewis.

Motion carried. John Gallagher opposed.

IX. EMERGENCY MEDICAL SERVICES COORDINATING SYSTEMS REPORTS:
A. Presentation of and Discussion on Activities - Report from Arizona Emergency Medical Services (AEMS)

It was reported that AEMS will be hosting their annual EMS Odyssey Conference in June. Please check the AEMS website for further information.

B. Presentation of and Discussion on Activities - Report from Southeastern Arizona Emergency Medical Services (SAEMS)

It was reported that the Charles Kramer Memorial Fund has been officially established. It was also reported that the Southeastern Region will be celebrating EMS Week at the Desert Diamond Casino on May 12th. The I-10 in the Tucson area will be restricted to two lanes for 40 months.

C. Presentation of and Discussion on Activities - Report from Western Arizona Council Emergency Medical Services (WACEMS)

No report was given.

D. Presentation of and Discussion on Activities - Report from Northern Arizona Emergency Medical Services (NAEMS)

It was reported that funding for ALS, BLS, refreshers, and training equipment was approved.

X. CALL TO THE PUBLIC

It was reported that on June 15-16, 2006, the Critical Response and Emergency Systems Training (CREST) Conference will be offering training opportunities in emergency preparedness and response. The training will be held in Scottsdale at the Radisson Fort McDowell Resort.

A question was asked if there was any current legislation pending that directly affected EMS. It was reported that there was no legislation to report on. It was suggested that the Department notify the EMS community when legislation may affect it.

XI. SUMMARY OF CURRENT EVENTS

It was reported that August 17-18 is the Ambulance Association Conference.

The University of Arizona and CREST will be hosting national disaster life support courses May 5-7, 2006 in Tucson. For more information, please visit www.crest.arizona.edu.

It was reported that a statewide stroke summit will be held on May 25, 2006.

XII. ANNOUNCEMENT OF NEXT MEETING - September 22, 2006

XIII. ADJOURNMENT

Meeting was adjourned at 12:45 p.m.

Minutes approved by EMS Council on November 20, 2006